

Proposed Changes to the

CALIFORNIA CODE OF REGULATIONS

TITLE 22

DIVISION 7

CHAPTER 10
HEALTH FACILITY DATA

ARTICLE 8
~~DISCHARGE~~ PATIENT DATA REPORTING
REQUIREMENTS

Only sections with 15-day text are included

Original added text and original deleted text,
15-Day added text and 15-Day text deleted text.

97212.

Definitions, as used in this Article.

~~(a) California Hospital Discharge Data Set. The California Hospital Discharge Data Set consists of the data elements of the hospital discharge abstract data record, as specified in Subsection (g) of Section 128735 of the Health and Safety Code. Ambulatory Surgery (AS) Data Record. The Ambulatory Surgery Data Record consists of the set of data elements related to an encounter, as specified in Subsection (a) of Section 128737 of the Health and Safety Code and as defined in Sections 97251-97265.~~

~~(b) Days. Days, as used in this article, are defined as calendar days unless otherwise specified. CPT-4. The Current Procedural Terminology, 4th Edition, is published and maintained by the American Medical Association. It is a standard medical code set for healthcare services or procedures in non-inpatient settings.~~

~~(c) Designated Agent. An entity designated by a hospital to submit that hospital's discharge data records to the Office's Discharge Data Program; may include the hospital's abstractor, a data processing firm, or the data processing unit in the hospital's corporate office. Days. Days, as used in this article, are defined as calendar days unless otherwise specified.~~

~~(d) Discharge. A discharge is defined as a newborn or a person who was formally admitted to a hospital as an inpatient for observation, diagnosis, or treatment, with the expectation of remaining overnight or longer, and who is discharged under one of the following circumstances:~~

~~(1) is formally discharged from the care of the hospital and leaves the hospital;~~

~~(2) transfers within the hospital from one type of care to another type of care, as defined by Subsection (e) of Section 97212, or~~

~~(3) has died. Designated Agent. An entity designated by a reporting facility to submit that reporting facility's data records to the Office's Patient Data Program.~~

~~(e) DRG. Diagnosis Related Groups is a classification scheme with which to categorize patients according to clinical coherence and expected resource intensity, as indicated by their diagnoses, procedures, age, sex, and disposition, and was established and is revised annually by the U.S. Department of Health and Human Services (DHHS) Centers for Medicare and Medicaid Services (CMS), formerly known as the U.S. Health Care Financing Administration. Discharge. A discharge is defined as an inpatient who:~~

(1) is formally released from the care of the hospital and leaves the hospital, or

(2) is transferred within the hospital from one type of care to another type of care, as defined by Subsection (x) of Section 97212, or

(3) leaves the hospital against medical advice, without a physician's order or is a psychiatric patient who is discharged as away without leave (AWOL), or

(4) has died.

~~(f) Do Not Resuscitate (DNR) Order. A DNR order is a directive from a physician in a patient's current inpatient medical record instructing that the patient is not to be resuscitated in the event of a cardiac or pulmonary arrest. In the event of a cardiac or pulmonary arrest, resuscitative measures include, but are not limited to, the following: cardiopulmonary resuscitation (CPR), intubation, defibrillation, cardioactive drugs, or assisted ventilation.~~DRG. Diagnosis Related Groups is a classification scheme with which to categorize inpatients according to clinical coherence and expected resource intensity, as indicated by their diagnoses, procedures, age, sex, and disposition, and was established and is revised annually by the U.S. Department of Health and Human Services (DHHS) Centers for Medicare and Medicaid Services (CMS), formerly known as the U.S. Health Care Financing Administration.

~~(g) Error. Error means any record found to have an invalid entry or to contain incomplete data or to contain illogical data.~~Do Not Resuscitate (DNR) Order. A DNR order is a directive from a physician in a patient's current inpatient medical record instructing that the patient is not to be resuscitated in the event of a cardiac or pulmonary arrest. In the event of a cardiac or pulmonary arrest, resuscitative measures include, but are not limited to, the following: cardiopulmonary resuscitation (CPR), intubation, defibrillation, cardioactive drugs, or assisted ventilation.

~~(h) Facility Identification Number. A unique six-digit number that shall be assigned to each facility and shall be used to identify the facility.~~Emergency Care Data Record. The Emergency Care Data Record consists of the set of data elements related to an encounter, as specified in Subsection (a) of Section 128736 of the Health and Safety Code and as defined in Sections 97251-97265.

~~(i) ICD-9-CM. The International Classification of Diseases, 9th Revision, Clinical Modification, published by the U.S. Department of Health and Human Services. Coding guidelines and annual revisions to ICD-9-CM are made nationally by the "cooperating parties" (the American Hospital Association, the Centers for Medicare and Medicaid Services, the National Center for Health Statistics, and the American Health Information Management~~

~~Association).~~Emergency Department (ED). Emergency Department means, in a hospital licensed to provide emergency medical services, the location in which those services are provided, as specified in Subsection (c) of Section 128700 of the Health and Safety Code. For the purposes of this chapter, this includes emergency departments providing standby, basic, or comprehensive services.

~~(j) Licensee. Licensee means an entity that has been issued a license to operate a hospital, as defined by Subdivision (c) of Section 128700 of the Health and Safety Code.~~Encounter. An encounter is a face-to-face contact between an outpatient and a provider.

~~(k) MIRCal. MIRCal means the OSHPD Medical Information Reporting for California system that is the online transmission system through which data are submitted using an Internet web browser either by file transfer or data entry. It is a secure means of electronic transmission of data in an automated environment and allows facilities to edit and correct data held in a storage database until reports meet or exceed the Approval Criteria specified in Section 97247.~~Error. Error means any record found to have an invalid entry or to contain incomplete data or to contain illogical data.

~~(l) Record. A record is defined as the set of data elements of the "hospital discharge abstract data record," as specified in Subdivision (g) of Section 128735 of the Health and Safety Code, for one patient.~~Facility Identification Number. A unique six-digit number that is assigned to each facility and shall be used to identify the facility.

~~(m) Report. A report is defined as the collection of all records submitted by a hospital for a semiannual reporting period or for a shorter period, pursuant to Subsection (b) of Section 97211.~~Freestanding Ambulatory Surgery Clinic. Freestanding ambulatory surgery clinic means a surgical clinic that is licensed by the state under paragraph (1) of subdivision (b) of Section 1204 of the Health and Safety Code. This type of facility is commonly known as a freestanding ambulatory surgery center.

~~(n) Reporting Facility. Reporting facility means a hospital required to submit the data elements of the hospital discharge abstract data record, as specified in Subdivision (g) of Section 128735 of the Health and Safety Code.~~Hospital Discharge Abstract Data Record: The Hospital Discharge Abstract Data Record consists of the set of data elements related to a discharge, as specified in Subsection (g) of Section 128735 of the Health and Safety Code and as defined by Sections 97216-97233 for Inpatients.

(o) ~~Type of Care. Type of care is defined as one of the following:~~

~~————— (1) Skilled nursing/intermediate care. Skilled nursing/intermediate care means inpatient care that is provided to inpatients occupying beds appearing on a hospital's license in the classifications of skilled nursing or intermediate care, as defined by paragraphs (2), (3), or (4) of Subdivision (a) of Section 1250.1 of the Health and Safety Code. Skilled nursing/intermediate care also means inpatient care that is provided to inpatients occupying general acute care beds that are being used to provide skilled nursing/intermediate care to those inpatients in an approved swing bed program.~~

~~————— (2) Physical rehabilitation care. Physical rehabilitation care means inpatient care that is provided to inpatients occupying beds included on a hospital's license within the general acute care classification, as defined by paragraph (1) of Subdivision (a) of Section 1250.1 of the Health and Safety Code, and designated as rehabilitation center beds, as defined by Subsection (a) of Section 70034 and by Section 70595 of Title 22 of the California Code of Regulations.~~

~~————— (3) Psychiatric care. Psychiatric care means inpatient care that is provided to inpatients occupying beds appearing on a hospital's license in the classification of acute psychiatric beds, as defined by paragraph (5) of Subdivision (a) Section 1250.1 of the Health and Safety Code, and psychiatric health facility, as defined by Subdivision (a) of Section 1250.2 of the Health and Safety Code.~~

~~————— (4) Chemical dependency recovery care. Chemical dependency recovery care means inpatient care that is provided to inpatients occupying beds appearing on a hospital's license as chemical dependency recovery beds, as defined by paragraph (7) of Subdivision (a) of Section 1250.1 of the Health and Safety Code and Subdivisions (a), (c), or (d) of Section 1250.3 of the Health and Safety Code.~~

~~————— (5) Acute care. Acute care, as defined by paragraph (1) of Subdivision (a) of Section 1250.1 of the Health and Safety Code, means all other types of inpatient care provided to inpatients occupying all other types of licensed beds in a hospital, other than those defined by paragraphs (1), (2), (3) and (4) of Subsection (e) of this section. ICD-9-CM. The International Classification of Diseases, 9th Revision, Clinical Modification, published by the U.S. Department of Health and Human Services. Coding guidelines and annual revisions to ICD-9-CM are made nationally by the "cooperating parties" (the American Hospital Association, the Centers for Medicare and Medicaid Services, the National Center for Health Statistics, and the American Health Information Management Association).~~

(p) User Account Administrator. A healthcare facility representative responsible for maintaining the facility's MIRCal user accounts and user account contact information.
Inpatient: An inpatient is defined as a baby born alive in this hospital or a person who was formally admitted to the hospital for observation, diagnosis, or treatment, with the expectation of remaining overnight or longer.

(q) Licensee. Licensee means an entity that has been issued a license to operate a facility as defined by Subsection (e) or (g) of Section 128700 of the Health and Safety Code.

(r) MIRCal. MIRCal means the OSHPD Medical Information Reporting for California system that is the online transmission system through which reports are submitted using an Internet web browser either by file transfer or data entry. It is a secure means of electronic transmission of data in an automated environment and allows facilities to edit and correct data held in a storage database until reports meet or exceed the Approval Criteria specified in Section 97247.

(s) Outpatient. An outpatient means:

(1) a person who has been registered or accepted for care but not formally admitted as an inpatient and who does not remain over 24 hours, as specified in Subsection (a)(2) of Section 70053 of Title 22 of the California Code of Regulations, or

(2) a patient at a freestanding ambulatory surgery clinic who has been registered and accepted for care.

(t) Provider. A provider is the person who has primary responsibility for assessing and treating the condition of the patient at a given contact and exercises independent judgment in the care of the patient. This would include a practitioner licensed as a Medical Doctor (M.D.), a Doctor of Osteopathy, (D.O.), a Doctor of Dental Surgery (D.D.S.), or a Doctor of Podiatric Medicine (D.P.M.).

(u) Record. A record is defined as the set of data elements specified in Subsection (g) of Section 128735, Subsection (a) of Section 128736, or Subsection (a) of Section 128737 of the Health and Safety Code, for one discharge or for one encounter.

(v) Report. A report is defined as the collection of all Hospital Discharge Abstract Data Records, or all Emergency Care Data Records, or all Ambulatory Surgery Data Records required to be submitted by a reporting facility for one reporting period. A report contains only one type of record.

(w) Reporting Facility. Reporting facility means a hospital or a freestanding ambulatory surgery clinic required to submit data records, as

specified in Subsection (g) of Section 128735, or Subsection (a) of Section 128736, or Subsection (a) of Section 128737 of the Health and Safety Code.

(x) Type of Care. Type of care in hospitals is defined as one of the following:

(1) Skilled nursing/intermediate care. Skilled nursing/intermediate care means inpatient care that is provided to inpatients occupying beds appearing on a hospital's license in the classifications of skilled nursing or intermediate care, as defined by paragraphs (2), (3), or (4) of Subdivision (a) of Section 1250.1 of the Health and Safety Code. Skilled nursing/intermediate care also means inpatient care that is provided to inpatients occupying general acute care beds that are being used to provide skilled nursing/intermediate care to those inpatients in an approved swing bed program.

(2) Physical rehabilitation care. Physical rehabilitation care means inpatient care that is provided to inpatients occupying beds included on a hospital's license within the general acute care classification, as defined by paragraph (1) of Subdivision (a) of Section 1250.1 of the Health and Safety Code, and designated as rehabilitation center beds, as defined by Subsection (a) of Section 70034 and by Section 70595 of Title 22 of the California Code of Regulations.

(3) Psychiatric care. Psychiatric care means inpatient care that is provided to inpatients occupying beds appearing on a hospital's license in the classification of acute psychiatric beds, as defined by paragraph (5) of Subdivision (a) Section 1250.1 of the Health and Safety Code, and psychiatric health facility, as defined by Subdivision (a) of Section 1250.2 of the Health and Safety Code.

(4) Chemical dependency recovery care. Chemical dependency recovery care means inpatient care that is provided to inpatients occupying beds appearing on a hospital's license as chemical dependency recovery beds, as defined by paragraph (7) of Subdivision (a) of Section 1250.1 of the Health and Safety Code and Subdivisions (a), (c), or (d) of Section 1250.3 of the Health and Safety Code.

(5) Acute care. Acute care, as defined by paragraph (1) of Subdivision (a) of Section 1250.1 of the Health and Safety Code, means all other types of inpatient care provided to inpatients occupying all other types of licensed beds in a hospital, other than those defined by paragraphs (1), (2), (3) and (4) of Subsection (x) of this section.

(y) User Account Administrator. A healthcare facility representative responsible for maintaining the facility's MIRCAl user accounts and user account contact information.

Authority: Section 128810, Health and Safety Code.

Reference: Sections 1250, 1250.1, 128700, 128735, 128736, and 128737, 1250, and 1250.1, Health and Safety Code.

97215. Format.

(a) Hospital Discharge Abstract Data reports for discharges occurring on or after January 1, 200~~35~~³⁵, shall comply with the Office's Format and File Specifications for MIRCal Online Transmission Patient Discharge Data, dated ~~May 2003~~April 2004, and hereby incorporated by reference. ~~The Office's Format and Specifications for Online Transmission are available for download from the MIRCal website. The Office will make a hardcopy of the Office's Format and Specifications for Online Transmission available to a hospital or designated agent upon request.~~

(b) Emergency Care Data reports for encounters occurring on or after ~~October 1, 2004~~January 1, 2005, shall comply with the Office's Format and File Specifications for MIRCal Online Transmission Emergency Care and Ambulatory Surgery Data, dated April 2004, and hereby incorporated by reference.

(c) Ambulatory Surgery Data reports for encounters occurring on or after ~~October 1, 2004~~January 1, 2005, shall comply with the Office's Format and File Specifications for MIRCal Online Transmission Emergency Care and Ambulatory Surgery Data, dated April 2004.

(d) The Office's Format and File Specifications for MIRCal Online Transmission as named in (a), (b), and (c) are available for download from the MIRCal website. The Office will make a hardcopy of either set of Format and File Specifications for MIRCal Online Transmission available to a reporting facility or designated agent upon request.

Authority: Section 128810, Health and Safety Code.

Reference: Sections 128735, 128736, and 128737, Health and Safety Code.

97247. Approval Criteria.

(a) The following requirements must be met for a report to be approved by the Office:

(1) Complete transmittal information must be submitted with each report.

(2) The facility identification number stated in the transmittal information must be consistent with the facility identification number on each of the records in the report.

(3) The report period stated in the transmittal information must be consistent with all of the records in the report.

(4) The number of records stated in the transmittal information must be consistent with the number of records contained in the report.

(5) ~~All inpatient discharges, as defined by Subsection (d) of Section 97212, must be reported~~ records required to be reported pursuant to 97213(a) must be reported.

(6) The data must be reported in compliance with the format specifications in Section 97215.

(7) The data must be at, or below, the Error Tolerance Level specified in Section 97248.

(8) The data must be consistent with the ~~hospital's~~ reporting facility's anticipated trends and comparisons, except as in (A) below:

(A) If data are correctly reported and yet are inconsistent with the ~~hospital's~~ reporting facility's anticipated trends and comparisons, the ~~hospital~~ reporting facility may submit to the Office a written explanation detailing why the data are correct as reported. The Office may determine, upon review, that it will approve a report.

(9) Each report must contain only one type of record as specified in Subsections (1), (2), and (3) of Subsection (a) of Section 97213.

(b) The Office shall approve or reject each report within 15 days of receiving it. The report shall be considered not filed as of the date that the facility is notified that the report is rejected. Notification of approval or rejection of any report submitted online shall not take more than 15 days unless there is a documented MIRCAl system failure.

Authority: Sections 128810, and 128755, Health and Safety Code.

Reference: Sections 128735, 128736, and 128737, Health and Safety Code.